

FROM TREXLER ETAL.

(THU) 8.18'05 13:03/ST.13:02/NO.4860347106 P 1

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NOTES:

Inventor: Smidler

For: **SIDEWALL OF A SEMI-TRAILER
HAVING A HIGH BASERAIL**

Serial No.: 10/762,738

Filed: January 22, 2004

Art Unit: 3612

Atty Docket No.: 739/40601/401

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FROM TREXLER ETAL.

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FORM PTO-1083

Case Docket No. 739/40601/401

In re application of: Smidler
Serial No.: 10/762,738
Filed: January 22, 2004

For: **SIDEWALL OF A SEMI-TRAILER HAVING A HIGH
BASERAIL**

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Sir:

Transmitted herewith is a Request for Continued Examination (RCE) for the above-identified application.

The filing fee has been calculated as shown below:

	(Col. 1)		(Col. 2)	(Col. 3)
	Claims Remaining After Amendment		Highest No. Previously Paid for	Present Extra
TOTAL	* 31	MINUS	** 20	11
INDEP.	* 2	MINUS	** 3	0
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				

SMALL ENTITY		OR	OTHER THAN A SMALL ENTITY	
Rate	Addit. Fee		Rate	Addit. Fee
x 25 =	\$.00		x 50 =	\$ 550.00
x 100 =	\$.00		x 200 =	\$.00
+ 180 =	\$.00		+ 360 =	\$.00
TOTAL ADDIT. FEE	\$.00	OR	TOTAL	\$ 550.00

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
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The "Highest Number Previously Paid For" (Total or independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

- ☒ Please charge my Deposit Account No. 20-1495 in the amount of \$ 550.00 for the payment of extra claims. A duplicate copy of this sheet is enclosed.
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- ☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 20-1495. A duplicate copy of this sheet is enclosed.
- ☒ Any filing fees required under 37 CFR 1.16 for the presentation of extra claims.
- ☒ Any patent application processing fees under 37 CFR 1.101.

Dated: August 18, 2005

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